jc882 U.S. PTO

EXPRESS MAIL CERTIFICATE

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I hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner for Pat-

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Customer No.:



PATENT TRADEMARK OFFICE

Docket No: 3211/1H348

## DARBY & DARBY P.C.

805 Third Avenue New York, New York 10022 212-527-7700

Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, DC 20231

Sir:

Enclosed please find an application for United States patent as identified below:

Inventor/s (name ALL inventors):

Augustine F. UDO; Edward TITTMANN

<u>Title</u>: SYSTEM AND METHOD FOR CREATION OF BACKED DEPOSITARY RECEIPTS

including the items indicated:

- 1. Specification and 34 claims: 3 indep.; 31 dep.; \_ multiple dep.; including 10 page(s) of written description; 5 page(s) of claims; 1 page(s) of abstract.
- 2. N Drawings, 4 sheets (Figs. 1-4)
- [X] Executed Declaration/Power of Attorney
   [] Unexecuted Declaration/Power of Attorney
- 4. [] Application Data Sheet under 37 C.F.R. §1.76.

	5.	[] Assignment for recording to:			
[] Assignment was recorded at Reel No. , Frame No.			recorded at Reel No., Frame No., on .		
		[] Pursuant to 37 C.F.R. §1.215(b), please print the following ment information on the face of the published application:			
		Assignee:			
		[X] The applicant of	claims small entity status.		
		[] Priority is claimed under 35 U.S.C. §119(b) of:			
		Country: Number: Date:			
		[] was filed in a pro			
8.		[X] Priority is claimed under 35 U.S.C. §119(e) of:			
		Number: Date:	60/225,957 August 17, 2000		
		[] Request and Certification under 35 U.S.C. §122(b)(2)(B)(i) for Nonpublication.			
	10.	[X] Payment in amount of \$481.00, (\$481 filing; \$0 recording) in the form of			

- 11. [] Preliminary Amendment
- 12. [] Information Disclosure Statement
- 13. [] Nucleotide or Amino Acid Sequence Listing.

[] Hard Copy

[] CRF

Date: August 16, 2001

Respectfully submitted,

David Leason Reg. No. 36,195

Attorney for Applicant(s)

## PATENT FEE COMPUTATION SHEET

	No. of Claims Presented	Extra Claims Previously Paid For	Number of Extra Claims	Rate
Basic Fee				\$710.00
Total Claims	34 - 20	- 0 = 14	14 x \$18.00	\$252.00
Independent Claims	3 - 3	- 0 = 0	x \$80.00	\$0.00
Multiple Dependent	: Claims	- if so, add	\$270.00	\$0.00
	e submission of fil	ing fee and/or decl	aration (\$130.00)	\$0.00
\$BTOTAL				\$962.00
	REDUCTION (Half of	Subtotal)		\$481.00
Fee for recordation	on of assignment (\$	340.00)		\$0.00
Charge for filing	non-English langua	age application (\$13	0.00)	\$0.00
O Tetal				\$481.00